



FOR OFFICE USE ONLY

Complaint # _____
Received by: _____
Date: _____
Forwarded to: _____
Review Deadline: _____
(10 working days)

**TOWN OF CAMP VERDE
CITIZEN COMPLAINT PROCEDURE**
473 S. Main Street, Suite 102 – Camp Verde, AZ 86322
928-567-6631

The Town of Camp Verde has initiated a policy for receiving citizen complaints to ensure a fair review of concerns of the public about policy, procedures, ordinances, codes, personnel, and/or similar issues.

Have you attempted to resolve your complaint with the appropriate department? Yes No

When to File a Formal Complaint

If, after notifying a Department Head that you have a valid concern and you have not received a satisfactory response, you may proceed to the next step by filing a Formal Complaint.

How to File a Complaint:

Complete the written complaint form following the instructions listed below. Complaint Forms are on file in the Clerk’s Office at 473 S. Main, Ste. 102 or you can download a blank copy online at www.campverde.az.gov

You must sign and date a written complaint form and mail or hand- deliver it to the Clerk’s Office. (Under no circumstances, will phone calls, emails, faxes or other forms of tele-communication be accepted). The Complaint must state specific dates, facts, and other pertinent information. You may attach any relevant documents supporting your claim. If you plan to include comments or statements by other witnesses, you must submit their signed and dated statements with your complaint. Your complaint cannot be amended and the Clerk’s Office cannot receive additional information related to your complaint once it has been submitted.

TYPE OF COMPLAINT

- Personnel** **Name of Employee:** _____
- Non-Personnel** **Department:** _____
- Zoning** **Location:** _____ **Parcel#:** _____
- Other** **Be Specific:** _____

What to expect:

1. Upon receipt of your written complaint, the Clerk’s Office will date stamp the complaint, assign a complaint Number (i.e. C-09-01) and forward by e-mail to the appropriate department head, and to the Town Manager. You will receive a receipt noting the complaint number, date received, and person who received the written complaint.
2. The Department Head has ten (10) working days after receipt of the complaint from the Clerk’s Officer to respond in writing. This written response will be mailed to you and a copy will be filed in the Clerk’s Office. A copy of the response will be submitted by the Clerk’s Office to the Town Manager. All original complaints and responses will be on file in the Clerk’s Office. If the complaint is concerning land use activity and it is found to be justified, the Community Development Department will begin the compliance process as outlined in Section 102 of the Planning & Zoning Ordinance.
3. If the response is not satisfactory to you, you have ten (10) working days from the date of the written response to request that the Manager to review the matter. The request must be filed, in writing, with the Clerk’s Office, and must reference the original complaint number. Note: phone calls, emails, faxes or other forms of communication will not be considered. The Manager will review the matter within ten (10) working days, and notify you of his determination with regard to your complaint. The Manager may concur with the response of the Department Head or recommend additional action.

Name: _____

Mailing Address: _____

Physical Address: _____

Telephone #: _____

State the details of your complaint or information: Use the reverse side if necessary. If you have any relevant documents, please attach photo copies only. DO NOT ATTACH ORIGINAL DOCUMENTS.

The information presented in this complaint form is true, correct and complete to the best of my knowledge, Furthermore, I acknowledge that I have read and understand the procedures. Note: a complaint is a public record and by law we must provide the name of the complainant.

X _____
Signature

X _____
Date

NOTE: The Administrator shall arrange to provide assistance in the preparation of a written complaint in compliance with 504/ADA requirements and for those who are limited or non-English speaking clients. (11-2013)

For Office Use Only

Copy to Manager _____
Date

Sent to Department head for review _____ Review Deadline _____
Date Date (10 working days)

Action Taken _____
Date

Manager Review (if applicable) _____ Review Deadline _____
Date (if applicable) Date (if applicable)

RELEVANT DEPARTMENT

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Building | <input type="checkbox"/> Clerk's Office | <input type="checkbox"/> Public Works |
| <input type="checkbox"/> Parks & Recreation | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Library | |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Marshal's Office | <input type="checkbox"/> Magistrate Court | |
| <input type="checkbox"/> Commission: _____ | | | |